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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number	10/627,553
Filing Date	07/24/2003
First Named Inventor	Anthony Ross
Art Unit	3733
Examiner Name	Pedro Philogene
Attorney Docket Number	044RE1

### ENCLOSURES (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>1. Return Postcard |
|---|--|---|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NuVasive, Inc.		
Signature			
Printed name	Jonathan Spangler		
Date	July 10, 2006	Reg. No.	40,182

### CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Jonathan Spangler	Date	July 10, 2006

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PATENT:

Reissue Application No.: 10/627,553

Attorney Reference No.: 044RE1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Reissue Application No.: 10/627,553	)	Atty. Docket No.: 044RE1
	)	
Filed: July 24, 2003	)	Examiner: Pedro Philogene
	)	
Patent No.: 6,264,659	)	Art Unit: 3732
	)	
Granted: July 24, 2001	)	
	)	
Patentees: Anthony C. Ross	)	
Peter A. Guagliano	)	
	)	
For: METHOD OF TREATING AN	)	
INTERVERTEBRAL DISK	)	

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450 on July 10, 2006:

Signature: \_\_\_\_\_

Jonathan Spangler

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

Dear Sir:

In response to the Restriction Requirement mailed June 9, 2006, having a one-month period for response which expired July 9, 2006, the Applicants respectfully request that this Amendment be entered in the above-identified reissue application. Please amend the application as follows: